



# RECOMMENDATIONS ON STRATEGIES TO ENHANCE THE DELIVERY OF HEALTH CARE TO ALL CALIFORNIANS



CALIFORNIA  
POSTSECONDARY  
EDUCATION  
COMMISSION

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# Summary

Senate Concurrent Resolution 23 (Polanco) directed the Commission to examine the extent to which health care is accessible and equitably distributed throughout California. Further, the resolution indicated that “access to medical care for all California residents and all communities regardless of considerations of race, income, or geography should be a high priority policy goal”. As such, the Commission was mandated to develop recommendations on innovative strategies and incentive programs to encourage physicians to practice in geographic areas where health needs are underserved.

To that end, the Commission, in conjunction with several State agencies and the University of California, conducted an analysis of the situation which is contained in *Strategies for Increasing Physician Supply in Medically Underserved Communities in California* authored by the Center for California Health Workforce Studies of the University of California. Based upon that report and with particular attention to the link between educational experiences and the supply and choices of physicians, the Commission offers 11 recommendations to achieve the policy goal stipulated above.

The Commission adopted this report at its meeting on April 12, 1999. Questions about the substance of this report may be directed to Penny Edgert at 916-322-8028, or through e-mail at [pedgert@cpec.ca.gov](mailto:pedgert@cpec.ca.gov). Copies of the report may be obtained by writing the Commission at 1303 J Street, Suite 500, Sacramento, CA. 95814-2938; or by telephone at 916-445-7933.

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# 1

## Introduction

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**I**N 1997, Senator Richard Polanco authored Senate Concurrent Resolution 23 that directed the California Postsecondary Education Commission to examine the extent to which health care is accessible and equitably distributed throughout California. The resolution further stipulated that “access to medical care for all California residents and all communities regardless of considerations of race, income, or geography should be a high priority policy goal”. Because of that stipulation, the resolution directed the Commission, in conjunction with several State agencies and the University of California, to develop recommendations that include:

- ♦ innovative strategies and incentive programs that will encourage physicians and other health care professionals to practice in geographic areas where health needs are underserved; and,
- ♦ academic and administrative policies and programs currently employed in California’s medical schools that require modifications to achieve the goal of educational access to health professions for future physicians who are likely to provide health care for all California communities, including those that are underserved.

A copy of that resolution is contained in Appendix A of this report.

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### **A collaborative process**

The Commission has collaborated with a number of State agencies whose assistance has proven invaluable in responding to this legislative directive, especially because the Commission had neither the specific expertise nor experience in the health care field to conduct the breadth and depth of analyses required by the resolution. Among those agencies whose expertise and experience the Commission relied upon in this study are:

- ♦ The California Policy Seminar that financially supported the study and offered solid advice on its preparation;
- ♦ The California Research Bureau that conducted a comprehensive literature search of existing programs and policies;
- ♦ The Office of Statewide Health Planning and Development that shared its expertise and knowledge of the past and current efforts that address this policy imperative; and,
- ♦ The Office of the President of the University of California that provided considerable information on its programs and policies as well as offered advice on the intervention strategies that could result in distributing health care in a more equitable manner throughout this state.

The Commission especially appreciates the efforts of the Center for California Health Workforce Studies of the University of California, San Francisco. Dr. Kevin Grumbach and Janet Coffman, with able assistance from Ruth Liu, Beth Mertz, and Karen Vranizan, conducted the analyses and offered the recommendations that are contained in *Strategies for Increasing Physician Supply in Medically Underserved Communities in California*. That report -- a result of their expertise, knowledge, and collaborative spirit -- forms the basis of the Commission's response to Senate Concurrent Resolution 23. This report will be published by the California Policy Seminar under separate cover; additionally, this report was Agenda Item 7 of the Commission's December 7, 1998 meeting.

Despite the collaborative process through which the Center's report was produced, the Commission is the independent and non-partisan body to which this resolution was directed. As such, while the agencies listed above collaborated in producing the report from the Center for California Health Workforce Studies, the Commission takes full responsibility for the comments and recommendations that it offers in Section 3 of this agenda item.

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# 2

## Context for the Commission's Recommendations

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**T**HE COMMISSION'S enduring commitment to equity -- whether it be within the educational enterprise or in other policy arenas -- is the essential prism through which it examines myriad issues, including the issue of accessibility to health care in California. Additionally, the findings and recommendations from *Strategies for Increasing the Physician Supply in Medically Underserved Communities in California* provide the foundation for the Commission's recommendations.

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### **The findings and conclusions from the Center's study**

The Executive Summary of the Center's study, which is reproduced in Appendix B of this report, contains the following major findings and conclusions:

- ◆ California has an adequate supply of physicians but their inequitable distribution across the state disadvantages over four million Californians, particularly those in rural areas and inner city communities with large numbers of Black and Latino residents.
- ◆ Medical school students from rural communities, low-income families, and Black and Latino neighborhoods are more likely than others to practice medicine in the communities in which they were raised.
- ◆ The recent decline in enrollment in medical schools of students from communities that are underserved with respect to health care presents a challenge because these are the physicians-in-training most likely to return to their neighborhoods to practice.
- ◆ Because distributing health care professionals across California in a more equitable manner than is currently the case is a complicated and complex issue, a comprehensive and multi-faceted strategy should be developed and implemented. Policy interventions should be directed at various points along the continuum that leads to the distribution of physicians through the state. In particular, there is leverage at three points in that continuum -- entry to medical school, medical school experience, and the transition to, and experience in, medical practice. Developing incentives to encourage physicians to practice in medically underserved areas may produce the most immediate results, while expanding the pool of students who graduate from medical school requires a much longer timeframe to yield the desired outcome. However, both of these efforts must be part of a comprehensive strategy in addition to a focus on enhancing the preparation in medical school for practice in medically underserved areas.

- ♦ The state, in conjunction with the federal government, public institutions, and the private sector, has a responsibility to develop initiatives and programs that ensure that health care is an accessible service available equitably to Californians throughout the state.

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**Equity as a  
fundamental  
Commission  
principle**

In June of 1998, the Commission adopted *Toward a Greater Understanding of the State's Educational Equity Policies, Programs, and Practices*. The fundamental conclusion of that report is that educational resources and opportunities are inequitably distributed throughout California and that inequity of distribution results in disparities in educational achievement -- a result that is antithetical to stated public policy goals. Based upon the results of its analysis, the Commission offered a series of recommendations to distribute educational opportunities and resources more equitably throughout the state, with the ultimate goal that the disparities in student outcomes would be minimized, if not eliminated, because all students would achieve at high levels.

The analysis and logic that led to that conclusion would appear to have relevance to the premise of Senate Concurrent Resolution 23. That is, if an important policy goal of the state is that all California residents -- irrespective of race, income, or geography -- should have access to health care, then the fundamental question that needs to be answered is:

Are the resources and opportunities equitably distributed across this state to realize that public policy imperative and, if not, what actions can be taken to make progress in this regard?

Further, the availability of health care is directly related to educational opportunities and resources because educational attainment is the foundation for the preparation of physicians and other health care professionals. In that regard, educational equity and accessibility to health care are inextricably interlinked. The literature review in the Center's report and their recommendations indicate that physicians who were raised in rural communities, or who were from low-income families, or from Black and Latino neighborhoods, are far more likely to practice in those communities. Therefore, the consequences of our efforts to achieve educational equity have wide-ranging ramifications, especially in terms of meeting other policy objectives, such as expanding the accessibility of health care to all California residents. This perspective, then, is the premise upon which the Commission developed its recommendations.

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**Caveates about  
this perspective**

The Commission offers three caveats about its perspective in framing the recommendations in this report:

1. The geographic distribution of physicians is only one of several facets of ensuring access to health care in California. Lack of health insurance as well as cultural and language differences, likewise, affect the extent to which there is equity in access to quality medical services in this state. However, Senate Concurrent Resolution 23 specifically focused on encouraging "physicians and other health

care professionals to practice in geographic areas where health needs are underserved”. As such, this report addresses that specific issue, but with the recognition that these other factors are vital contributors to the current situation in which health care is inaccessible to large numbers of our residents, particularly Californians in rural communities, Black and Latino neighborhoods, and low-income areas.

2. The majority of the Commission’s recommendations focus on the applicant pool to medical school and the medical school experience because of its specific expertise and experience. However, the recommendations in the Center’s report on the practice environment itself are especially relevant in the short-term to achieve the goal of a more equitable distribution of health care professionals statewide. The Center’s report offered recommendations about developing or expanding existing programs that seek to recruit and retain physicians in underserved areas. The Commission urges policy makers to consider these recommendations seriously in order that this state can make progress immediately in providing a more equitable distribution of health care professionals throughout California. Moreover, these practice environment strategies complement both the applicant pool and medical education interventions because they provide financial incentives to both recruit and retain physicians for underserved areas, particularly those who might not have been predisposed originally to practice in these locations.
3. Both the reports from the Center and the Commission have specifically addressed the issue of the distribution of physicians because of the language in Senate Concurrent Resolution 23. However, the recommendations offered by the Center and by this report are likely to address the more global goal of ensuring a more equitable distribution of health care professionals in general.

With these caveats in mind, the Commission offers its recommendations in the next section of this report.

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# 3

## The Commission's Recommendations on Expanding Accessibility of Health Care for All Californians

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THE COMMISSION acknowledges and supports the set of recommendations presented in *Strategies for Increasing the Physician Supply in Medically Underserved Communities in California*, the study conducted by the Center for California Health Workforce Studies of the University of California, San Francisco. The Center's demonstrated expertise, coupled with the collaborative process described earlier in this report, convinces the Commission that all these recommendations emerged from a factual analysis of the situation and it supports their implementation in order to achieve the policy objective of enhancing access to health care for all Californians, as stipulated in Senate Concurrent Resolution 23.

However, the Commission specifically advocates the following recommendations because of their focus on the relationship between the availability of educational opportunities and resources and the current inequity in the distribution of health care throughout California:

**Recommendation 1: The State, through the Office of Statewide Health Planning and Development and in conjunction with the federal government, educational institutions, and the private sector, should develop a comprehensive plan to ensure an equitable geographic distribution of health care professionals.**

The path to becoming a physician is arduous, with many decision points along the way. Further, the choices that a qualified physician makes about his or her practice environment represents the culmination of other decisions and experiences during that journey. As a consequence, if greater equity in the distribution of health care in California is a policy imperative, then a comprehensive strategy to influence these experiences is essential. Beginning in elementary and secondary school, continuing in undergraduate training, through medical school, and during residency, students should be exposed to experiences -- individually and collectively -- that encourage and prepare them to practice in medically underserved areas. The plan must be comprehensive, systemic, and sensitive to the various influences that operate at different points on the continuum. To develop a comprehensive plan, the Governor and Legislature should designate the Office of Statewide Health Planning and Development to coordinate its development.

Because the Commission is convinced that achieving the policy goal of greater equity in the geographic distribution of health care is a complex process with various intervention points, the following recommendations are separated in much the same

fashion as those in the Center’s report, although their ordering here reflects an educational pipeline that starts in the early elementary grades.

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*Pre-college  
strategies*

**Recommendation 2: The Governor and Legislature should establish and fund a program beginning in the early elementary grades and continuing through high school that encourages and prepares students to pursue health careers.**

Modeled after the Mathematics, Engineering, Science Achievement (MESA) Program, the State should develop and implement a comprehensive statewide effort to provide academic support, motivation, and experiences that encourage and prepare students from underserved areas to pursue health careers. In developing such a program, the State should seek to combine the resources and expertise of the several distinct programs currently in existence in order to minimize duplication and incorporate their effective components into a more comprehensive approach to enhance the academic preparation of an expanding pool of students, particularly those from Black, Latino, low-income, and rural communities in the state. Among the efforts that the State should consider expanding is the concept of health career academies -- a concept that currently is operational in California.

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*Undergraduate  
education*

**Recommendation 3: The Governor and Legislature should establish a strong and coherent articulation program between community colleges and baccalaureate-granting institutions for students preparing to pursue health careers.**

Over 75 percent of students from low-income, Black, and Latino backgrounds begin their college careers in community colleges. As such, community colleges are prime and fertile ground for identifying and academically supporting students so that they transfer to baccalaureate-granting institutions at which they can continue to fulfill the requirements for admissions to medical school, particularly through participation in a retention program, as discussed in the next recommendation.

**Recommendation 4: The Governor and Legislature should implement an undergraduate retention program for students majoring in pre-medicine on at least every California State University and University of California campus and, to the extent that funds and authority are available, on independent college and university campuses.**

Expansion of services similar to those offered by the Health Careers Opportunity Program -- a federally-funded undergraduate retention program that supports students from historically underrepresented backgrounds intending to pursue health careers -- would provide students with greater resources to achieve their goals. The Center’s study indicated that, on one campus in California, over 70 percent of the students in this program who applied to health professions schools were admitted to medical school. As such, this program provides a model that could be replicated with State and institutional funds as an essential component of a comprehensive strategy to expand the pool of competitive students applying to medical schools.

**Recommendation 5: The Governor and Legislature should expand state-funded financial aid programs, particularly grants and scholarships, and designate a portion of them for undergraduates preparing to be physicians.**

Because the road to becoming a physician is financially expensive, the State should provide resources to those students who are prepared and intent on pursuing a health career to ensure that financial constraints do not inhibit qualified and interested students from continuing on this path. This aspect of a comprehensive State plan is particularly important because low-income students are often deterred from pursuing educational goals due to lack of financial resources and these students are precisely the potential physicians who might well choose to practice in their former neighborhoods in which accessibility to health care is most limited.

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*Admission to  
medical school*

**Recommendation 6: Medical schools in public and independent universities should review their admissions policies and practices to ensure that there is explicit consideration of the characteristics of applicants that are most likely to achieve the public policy goal of ensuring that there is an equitable geographic distribution of physicians throughout California.**

As the Center notes,

grades and test scores are not the only determinants of successful completion of medical education . . . Educational institutions in California . . . must place a special emphasis on considering applicant characteristics that are likely to predict future service to underserved populations in the state.

Given that the pool of students who apply to California's medical schools is extraordinarily rich in terms of academic preparation, the admissions process need not be formulaic. Rather, the competition is of such high caliber that medical schools can afford to continue, refine, and expand their consideration of the various qualities that will contribute, within legal constraints, to assisting the State to achieve the policy goal of access to health care for all Californians.

**Recommendation 7: The Governor and Legislature should provide resources to support additional post-baccalaureate programs that assist students who have been unsuccessful on their first application to medical school with supplementary education in the sciences in order that they can develop a more competitive application for medical school.**

Because application for medical school is extremely competitive, many highly qualified and talented students are denied admission on their first try. Built upon the effectiveness of some current efforts, this strategy may be especially productive in ultimately reaping rewards for the initial investment that prepares students to pursue health careers. In addition to State funds, institutional and private resources should be leveraged in implementing this recommendation.

**Recommendation 8: The Governor, Legislature, and medical schools should expand the amount of financial aid available to medical students who are most likely to practice in underserved areas.**

As indicated earlier, medical school training is an expensive proposition, particularly for students from low-income backgrounds. Expansion of financial assistance to ease that burden may be especially beneficial to those medical students who are from backgrounds for which the cost of medical training is nearly prohibitive but who are most likely to return to underserved communities to practice. Both State-funded and institutional-supported grants and scholarships could further the supply of physicians with knowledge and commitment to these underserved areas of the state.

**Recommendation 9: The Governor and Legislature should provide stable and long-term funding to reinstate previous efforts to encourage and prepare medical students and residents to practice in underserved areas.**

In 1992, the federal government piloted a program to prepare medical students and residents to practice in underserved areas which included preceptorships and seminars about the challenges of medical shortage areas. The initial evaluative information suggests that the program increased the number of residents who chose to practice in underserved areas. As such, the State should provide a stable and long-term funding source to reinstate and expand this program.

**Recommendation 10: The Governor and Legislature should establish a comprehensive program to encourage graduating medical students from across the country who were raised in communities underserved with respect to health care to undertake their residencies in California.**

The Center's report documents that students from underserved areas are more likely to choose to practice in those areas. Moreover, residents often choose to practice in the communities in which they complete their medical training. Therefore, the State may well benefit from encouraging graduating medical students who are from underserved communities throughout the United States to enter residency programs in California, especially Californians who have received their medical school training beyond the state's borders. Expanding the resources currently available to the Song-Brown Family Physician Training Program to broaden its recruitment efforts may be an ideal strategy by which to implement this recommendation.

**Recommendation 11: The Governor and Legislature should expand existing financial incentives and develop new fiscal strategies to encourage physicians to practice in medically underserved areas.**

As discussed earlier, the cost of attending medical school and completing residency requirements often serves as a barrier, particularly for students from low-income families in communities in which there are major accessibility issues with respect to health care. Therefore, the State should financially invest in reducing those barriers throughout the entire educational process that culminates in physi-

cian licensure but especially at the time that the new physician is choosing the type and location of practice. Programs such as the National Health Service Corps Federal Loan Repayment Program is an example of a current program that have used this strategy effectively to encourage new physicians to practice in underserved areas. The State should consider matching the federal funds in this program in order that more physicians and additional health care facilities could participate in this loan repayment program.

New strategies that may be effective in recruiting and retaining physicians in medically underserved areas include: salary augmentations, tax credits, and increased reimbursement rates for Medicaid and other health care programs that serve low-income patients. In considering these financial incentives, the State should solicit support from the private sector which has a vested interest in ensuring that their employees, irrespective of geographic location, have access to quality health care throughout California.

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*Evidence  
of effectiveness*

The Commission's final recommendation appropriately centers on gathering evidence on the effectiveness of intervention strategies -- a focus integral to its first recommendation on developing a comprehensive strategy to achieve the policy goal of a more equitable distribution of health care professionals throughout California.

**Recommendation 12: In developing a comprehensive plan to ensure a more equitable geographic distribution of health care professionals, the State should financially support and require evidence of effectiveness for each component and program in the plan.**

While many of the programs and policies cited in the Center's study provide some evidence of effectiveness, there is a serious need to document the particular conditions under which specific interventions are successful. Such analysis is currently unavailable for most efforts, in large measure because the focus has been on implementation, rather than evaluation, of the programs. Nevertheless, if the State is to reach its goal, additional information that is subjected to careful analysis is essential.

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**Summary**

Accessibility to quality health care for all continues to be "a"-- if not "the" -- defining aspect of an egalitarian society. The Center's report provides compelling evidence that there is inequitable access to health care today in California, among other reasons, because of the unevenness in the geographic distribution of physicians and other health care professionals. Because of the role of the educational enterprise in training physicians, the Commission was directed to study that specific issue. The fundamental conclusion is clear: Educational institutions at all levels, in conjunction with the State, the federal government, and the private sector, must commit to participating actively in developing, implementing, and funding a comprehensive strategy to ensure an equitable distribution of health care professionals throughout California. That commitment is essential if this state is to

reach the larger goal of ensuring accessibility to health care for all our residents -- a goal that has consequences both for our collective future and for each of us individually.

Raquel Arias, onetime San Joaquin Valley farmworker, became an undergraduate student at the University of California, Santa Cruz in the Fall of 1973 at the age of 16. The prevailing ethic on campus was an overriding sense of social responsibility to their communities. "We have a seething mass of people who don't have doctors, lawyers, teachers, and that was our job -- to try and fill those jobs". After graduating, Arias went on to UC Berkeley's School of Public Health where her area of research was how to deliver medical care to underserved areas by getting students who could relate to those areas into medical schools. After Berkeley, Arias entered USC's School of Medicine. She received a one-year "Exceptionally Needy" grant given by the federal government and three years of financing by the National Health Service (NHS), which requires service in underserved areas in exchange for its assistance.

When she finished her residency at USC in obstetrics and gynecology, Arias was ready to fulfill her NHS obligation, seeking a post in an underserved area. The opening was at the Childs Avenue Clinic, a poverty clinic serving many migrant workers -- and many of Arias' own relatives. The doctor who interviewed her concluded by asking her why she thought that she was right for the job. "Well", she replied, "I don't think anything could be more rewarding than working in the clinic where my own mother receives her health care". The doctor was stunned. "Your...mother...is...here?" "Yes", Arias replied, "you're her doctor".

Professional advancement ultimately took Arias back to Los Angeles and USC where she balances teaching and surgery, patients and Medical Board, county hospital and private practice, clinical and administrative duties in an area that is clearly underserved and in great need of competent and committed physicians.

Arias takes time out to recall the boost she got from the programs that made it all possible:

I certainly realized that I was benefiting from society's largesse, but I wasn't quite sure why. I felt like I owed everybody something, and I was determined to pay it back. I just wasn't quite sure who to pay it to. I wasn't ever sure of where it came from. I guess what I figure I'm doing now is paying the cosmic bank."

*Reaching for the Dream*, American Civil Liberties Union, Pages 5-7.